

City Council  
Atlanta, Georgia

**10- 0 -0324**  
**U-79-12**

AN ORDINANCE  
BY: ZONING COMMITTEE

**AN ORDINANCE TO AMEND ORDINANCE U-79-12, AS ADOPTED BY THE CITY COUNCIL ON NOVEMBER 2, 2009 AND APPROVED BY THE MAYOR ON NOVEMBER 6, 2009, FOR THE PURPOSES OF APPROVING A TRANSFER OF OWNERSHIP FOR A SPECIAL USE PERMIT FOR A DAY CARE CENTER FOR PROPERTY LOCATED AT 2062 CHILDRESS DRIVE, S.W. AND FOR OTHER PURPOSES.**

BE IT ORDAINED BY THE COUNCIL OF THE CITY OF ATLANTA, GEORGIA, as follows:

SECTION 1. That the transfer (i.e. change of grantee) of Special Use Permit U-79-12, granting a Special Use Permit for a Day Care Center, property located at 2062 CHILDRESS DRIVE, S.W. from Kinzie L. Thomas to Christine Brooks Arinze is hereby approved, under the provision of Section 16-25.002 (2), to wit:

SECTION 2. That all ordinances or parts of ordinances in conflict with the terms of this ordinance are hereby repealed.

TR-09-002



# CITY OF ATLANTA

DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT  
55 TRINITY AVENUE, S.W. SUITE 3350 - ATLANTA, GEORGIA 30303-0308  
404-330-6145 - FAX: 404-658-7491  
[www.atlantaga.gov](http://www.atlantaga.gov)

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## APPLICATION TO TRANSFER SPECIAL PERMIT

The undersigned does hereby make application to transfer:

TR - 09 - 002

Special Use Permit ☒

Special Exception Permit ☐

Special Administrative Permit ☐

To be completed by the new owner/operator of Special Permit:

Applicant: Christine Brooks Arinze

Phone Number: (4)753-5399

Email Address: shepsena@hotmail.com

Fax Number: \_\_\_\_\_

Address: 2062 Childress Dr. SW

City: Atlanta

State: GA

Zip: 30311

New Business/Owner Name: Christine Brooks Arinze

To be completed by the current holder of Special Permit:

Name: Kinzie L. Thomas

Phone Number: 678-368-5511

Email Address: KinzieLThomas@yahoo.com

Fax Number: \_\_\_\_\_

Address: 2062 Childress Dr.

City: Atlanta

State: GA

Zip: 30311

### Instructions:

- Special Permit Transfer applications are processed on an "as requested" basis and may take up to 45 (forty-five) business days for review by Staff and/or legislative process.
- Provide a copy of the original ordinance/approval for special permit.
- Complete Transfer Application Form.
- Complete Applicant Affidavit (see page 2).
- Complete previous owner affidavit or submit a letter from previous/current owner authorizing the transfer of Special Use Permit to the new applicant (see page 3).
- Submit completed application with notarized signatures.
- Application fee of \$200 due at the time of application submittal.

## APPLICANT AFFIDAVIT

I swear and affirm that I am the owner/lessee of 2062 Childress Dr SW  
(indicate address of subject property) which is the subject of the request for a transfer of a special  
permit for V-79-12 (permit number). I affirm that I am thoroughly familiar with and will  
abide by the terms/conditions of the original permit.

Name of applicant Christine Brooks Arinze

Address P O Box 42641

Atlanta GA 30311  
City State Zip Code

Telephone number (404) 753-5399

### NOTARIAL STATEMENT

PERSONALLY APPEARED BEFORE ME PERSON(S) OF  
THE ABOVE NAME(S), WHO SWEAR THAT THE  
INFORMATION CONTAINED IN THIS AFFIDAVIT IS  
TRUE AND CORRECT TO THEIR BEST KNOWLEDGE  
AND BELIEF.

Elese Simmons  
Notary

12-21-09  
Date

ELESE SIMMONS  
NOTARY PUBLIC  
FAYETTE COUNTY, GEORGIA  
MY COMMISSION EXPIRES 8/6/2012

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TR-09-002

## OWNER STATEMENT

I swear and affirm that I am/was the owner of the property subject to the proposed special permit transfer. I hereby grant the transfer of special permit located at

Christine Brooks (Property Address) to myself (New owner/applicant).  
Arinze I am the original/present owner 12-21-09

Christine Brooks Arinze  
Name

P.O. Box 42641  
Address

Atlanta, GA 30311  
City State Zip Code

(404) 753-5399  
Telephone Number

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TR-09-002

(Do Not Write Above This Line)

U-79-12

NOV 02 2009

- ☐ CONSENT REFER
- ☐ REGULAR REPORT REFER
- ☐ ADVERTISE & REFER
- ☐ 1st ADOPT 2nd READ & REFER
- ☐ PERSONAL PAPER REFER

Referred To: 701224

**Referred To:**

**Referred To:**

First Reading  
Committee \_\_\_\_\_  
Date \_\_\_\_\_  
Chair \_\_\_\_\_  
Referred To \_\_\_\_\_

Date 28/2/95

Action  
Fav, Adv, Hold (see rev. side)

John W. Smith

Handwritten signature: Handwritten signature

Refer To

Date \_\_\_\_\_

**ACTION**

Fay, Adv. Hold (see rev. side)  
Other

## Members

Date \_\_\_\_\_

**Action**  
v. Hold (see rev. side)

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Refer To

Date \_\_\_\_\_

### Action

Hold (see rev. side)  
Other

## Members

**FINAL COUNCIL ACTION**

☐ 2nd      ☐ 1st & 2nd      ☐ 3rd

**Readings**

☐ Consent      ☐ V Vote      ☒ RHC Vote

20 NOV 02 2009

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### MAYOR'S ACTION

*Mary Stoddard*

City Council  
Atlanta, Georgia

09-0-1818

U-79-12

AN ORDINANCE  
BY: ZONING COMMITTEE

AN ORDINANCE TO AMEND ORDINANCE U-79-12 AS ADOPTED BY THE CITY COUNCIL ON AUGUST 20, 1979 AND APPROVED BY THE MAYOR ON AUGUST 29, 1979 FOR THE PURPOSES OF APPROVING A TRANSFER OF OWNERSHIP FOR A SPECIAL USE PERMIT FOR A DAY CARE CENTER FOR PROPERTY LOCATED AT 2062 CHILDRESS DRIVE, S.W. AND FOR OTHER PURPOSES.

BE IT ORDAINED BY THE COUNCIL OF THE CITY OF ATLANTA, GEORGIA, as follows:

SECTION 1. That the transfer (i.e. change of grantee) of Special Use Permit U-79-12, granting a Special Use Permit for a Day Care Center, property located at 2062 CHILDRESS DRIVE, S.W. from CHRISTINE BROOKS ARINZE to NEW BEGINNING LEARNING CENTER/KINZIE THOMAS is hereby approved, under the provision of Section 16-25.002 (2), to wit:

SECTION 2. That all ordinances or parts of ordinances in conflict with the terms of this ordinance are hereby repealed.

A true copy,

Deputy Clerk

ADOPTED by the Atlanta City Council  
APPROVED by Mayor Shirley Franklin

NOV 02, 2009  
NOV 06, 2009

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TR-09-002

TRANSFER OF SPECIAL USE PERMIT  
APPLICANT AFFIDAVIT

I swear and affirm that I am the owner of 2062 Childress Dr. (indicate  
address of subject property) which is the subject of the request for a special use permit  
for Childcare. I affirm that I am aware of the conditions and requirements of the  
approved legislation for the special use permit and will abide by the requirements and  
conditions.

I also affirm that I have been provided a copy of the Ordinance \_\_\_\_\_ and will abide  
by the requirements as outlined.

Name of applicant Kinzie Thomas  
Address ~~3818 Leisure Wood~~ 2062 Childress Dr.  
Atlanta GA. 30311  
City State Zip Code  
Telephone number (478) 368-5511

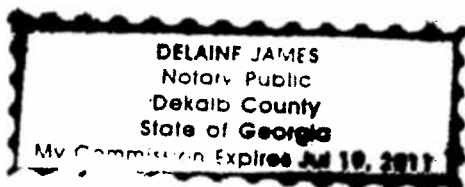
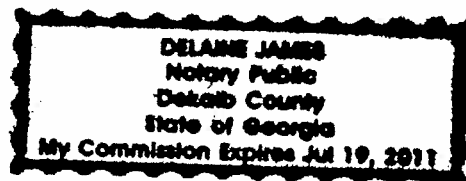
NOTARIAL STATEMENT

PERSONALLY APPEARED BEFORE ME PERSON(S) OF  
THE ABOVE NAME(S), WHO SWEAR THAT THE  
INFORMATION CONTAINED IN THIS AFFIDAVIT IS  
TRUE AND CORRECT TO THEIR BEST KNOWLEDGE  
AND BELIEF.

Delaine James  
Notary

6-25-2007  
Date

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2009  
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RCS# 3395  
11/02/09  
2:20 PM

Atlanta City Council

REGULAR SESSION

MULTIPLE

09-O-1816, 09-O-1818

ADOPT

YEAS: 14  
NAYS: 0  
ABSTENTIONS: 0  
NOT VOTING: 1  
EXCUSED: 0  
ABSENT 1

B Smith	Y Archibong	Y Moore	Y Mitchell
Y Hall	Y Fauver	Y Martin	Y Norwood
Y Young	Y Shook	Y Maddox	Y Willis
Y Winslow	Y Muller	Y Sheperd	NV Borders

TR-09-002

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11/02/09  
11:00 AM

MULTIPLE



## AUTHORIZATION TO INSPECT PREMISES

With the signature below, I authorize the staff of the City of Atlanta to inspect the premises, which are the subject of this special permit transfer application.

I swear and affirm that the information contained in this application is true and accurate to the best of my knowledge and belief.

Christine B. Arinze  
Owner or Agent of Owner (Applicant)

### NOTARIAL STATEMENT

PERSONALLY APPEARED BEFORE ME PERSON(S) OF THE ABOVE NAME(S), WHO SWEAR THAT THE INFORMATION CONTAINED IN THIS AFFIDAVIT IS TRUE AND CORRECT TO THEIR BEST KNOWLEDGE AND BELIEF.

Monique Johnson  
Notary

12-22-09  
Date

Monique C. Johnson  
Notary Public  
Fulton County, Georgia  
My Commission Expires  
August 15, 2010

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Planning

TR-09-002

# DPCD

City of Atlanta  
Bureau of Planning  
65 Trinity Avenue, Suite 3350  
Atlanta, Georgia 30303

## Bill to:

Christine Brooks Arinze  
PO Box 42641, Atlanta, GA 30311-0641

# INVOICE

DATE: December 22, 2009  
INVOICE #: 122220090194

**1001-000002-3419301**

QTY	DESCRIPTION	AMOUNT
1	N/C - DPCD other office (for TR-09-002)	\$200.00

Prepared by: Christian Olteanu  
Extension: x6145

PLEASE PAY AMOUNT DUE AT THE OFFICE OF REVENUE, DEPARTMENT OF FINANCE CASH  
COLLECTION WINDOW.

YOU MUST OBTAIN A STAMPED PAID INVOICE TO RECEIVE YOUR COPIES.

This form to be used for sale of maps, photo copies and record requests.

**P** **A** **I** **D**  
**TOTAL \$200.00**  
DEC 29 2009  
CITY OF ATLANTA  
EX OFFICIO MUNICIPAL  
REVENUE COLLECTOR